

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	11/9
O.I.P.E. CLASSIFIER		49	11/15/99
FORMALITY REVIEW	ml	67429	11/26/99

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 — (Through numeral) Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date			
Final	Original	11/04/95	11/18/95	11/24/95
4	✓	✓	✓	✓
5	✓	✓	✓	✓
6	✓	✓	✓	✓
7	✓	✓	✓	✓
8	✓	✓	✓	✓
9	✓	✓	✓	✓
10	✓	✓	✓	✓
11	✓	✓	✓	✓
12	✓	✓	✓	✓
13	✓	✓	✓	✓
14	✓	✓	✓	✓
15	✓	✓	✓	✓
16	✓	✓	✓	✓
17	✓	✓	✓	✓
18	✓	✓	✓	✓
19	✓	✓	✓	✓
20	✓	✓	✓	✓
21	✓	✓	✓	✓
22	✓	✓	✓	✓
23	✓	✓	✓	✓
24	✓	✓	✓	✓
25	✓	✓	✓	✓
26	✓	✓	✓	✓
27	✓	✓	✓	✓
28	✓	✓	✓	✓
29	✓	✓	✓	✓
30	✓	✓	✓	✓
31	✓	✓	✓	✓
32	✓	✓	✓	✓
33	✓	✓	✓	✓
34	✓	✓	✓	✓
35	✓	✓	✓	✓
36	✓	✓	✓	✓
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If more than 150 claims or 10 actions
staple additional sheet here

Best Available Copy